

## **I-539** INTERACTIVE FORM COPY: QUESTIONS

**Copy in gray boxes is approved copy from previous iterations.**

**Step:** Indicates the form navigation element.

**Section:** Indicates the form sub-navigation element. Copy

**Questions/Sub-Questions:** Based on the questions from

**Instructional text:** Text that appears directly below a question

**Help text:** Text that appears below or next to an input field

**CTA:** copy for button

Page breaks are indicated by a horizontal line (the same size as the

Conditional question logic is indicated in ( ) before question

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Heading

Sub-Heading

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Application to Extend/Change  
Nonimmigrant Status

**Before you start your application**

**Eligibility**

**Multiple Applicants**

**Fee**

## **Refund Policy**

### **Filing online**

### **Documents you may need**

### **After you submit your application**

### **Track your case online**

**Respond to requests for information**

**Provide your biometrics**

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### **Completing your form online**

**Provide as many responses as you can**

**We will automatically save your responses**

**DHS Privacy Notice**

**USCIS Compliance Review and  
Monitoring**

## Paperwork Reduction Act



# QUESTIONS, INSTRUCTIONAL AND HELP TEXT, AND OTHER COPY

## Forms and should not be edited

For questions should be grouped by appropriate section.  
the paper form.

Question and provides instructions for answering the question or completing this step/section of the form. The question is partially hidden. Users can click to expand. Provides additional contextual or clarifying information.

(Sub-navigation can have multiple pages)

7

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## Body Text

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Currently, you may file an Application to Extend/Change Nonimmigrant Status (I-539) online only if you are filing for yourself and wish to extend your F-1, F-2, M-1, or M-2 nonimmigrant status.

If you have any other nonimmigrant status or are filing with additional applicants, you must file a paper Form I-539. If you need to change or reinstate your nonimmigrant status, file a paper form.

You may be eligible to apply for an extension of your authorized stay if:

You were lawfully admitted into the United States with a nonimmigrant visa

Your nonimmigrant visa status remains valid

You have not committed any crimes that make you ineligible for a visa

You have not violated the conditions of your admission

Your passport is valid and will remain valid for the duration of your stay

Since obtaining the nonimmigrant status you seek to extend or change, you have not received public benefits for more than 12 months within any 36 month period (unless you qualify for any of the exemptions below):

#### **PUBLIC BENEFITS:**

1. Any Federal, state, local, or tribal cash assistance for income maintenance including:

a. Supplemental Security Income (SSI);

b. Temporary Assistance for Needy Families (TANF); or

c. Federal, state, or local cash benefit programs for income maintenance (often called “General Assistance” in the state context, but which may exist under other names);

2. Supplemental Nutrition Assistance Program (SNAP, formerly called “Food Stamps”);

3. Section 8 Housing Assistance under the Housing Choice Voucher Program;

4. Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation);

5. Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.; and

6. Federally-funded Medicaid.

#### **[Exemption accordion - see last tab in spreadsheet]**

If your nonimmigrant status is based on the fact that you are a family member or dependent of an individual who has already been granted nonimmigrant status, then you must file your application while that individual continues to maintain a valid nonimmigrant status. Family members and dependents are limited to the same period of authorized stay as the principal immigrant.

You may NOT be granted an extension or change of status if you were admitted under the Visa Waiver Program or if your current status is:

An alien in transit (C) or in transit without a visa (TWOV)

A crewman (D)

You may include your spouse and your unmarried children under 21 years of age as co-applicants in your application for the same extension or change of status, but only if you are all now in the same status or they are all in derivative status.

Note: Extensions granted to members of a family group must be for the same period of time. The shortest period granted to any member of the family shall be granted to all members of the family.

We will automatically calculate the cost for you when you submit your application.

The application fee is **\$400**. An additional biometrics services fee of **\$85** is required for you and for each person included on a Form I-539A.

USCIS does not refund fees, regardless of any action we take on your application, petition, or request.

By continuing this transaction, you acknowledge that you must submit fees in the exact amount and that you are paying the fees for a government service. You further agree that the filing fee, biometric fee, and any other paid costs related to this financial transaction are final and not refundable.

Please refer to the instructions for the form(s) you are filing for additional information or you may call the USCIS Contact Center at 800-375-5283. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) 800-767-1833.

Submitting your application online is the same as mailing in a completed paper form. They both gather the same information and cost the same.

Most applicants will be required to submit:

- Nonimmigrant Arrival-Departure Record (I-94) for all applicants
- Passport and travel document numbers
- A valid passport

Several other documents will be required depending on your current nonimmigrant status. We will automatically determine which documents you should provide us as you fill out your application.

After you submit your form, you can track its status through your USCIS account. Sign in to your account often to check your case status and read any important messages from USCIS.

If we need more information from you, we will send you a Request for Evidence (RFE) or Request for Information (RFI). You can respond to our request and upload your documents through your USCIS account.

If necessary, we will contact you to schedule an appointment at an Application Support Center near you. At the appointment, we will get your fingerprints, photograph, and signature.

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You should provide as many responses as you can. Incomplete fields or sections and missing information can slow down the process after you submit your form. If you do not finish your form in one session, you can sign in to your account to continue where you left off.

We will automatically save your information when you select next to go to a new page or navigate to another section of the form. Your responses will be saved for 30 days. You can sign in to your account at anytime to continue where you left off.

**AUTHORITIES:** The information requested on this application, and the associated evidence, is collected pursuant to the U.S. Code sections 1103 and 1184 and Title 8 of the Code of Federal Regulations parts 103, 214 and 248.

**PURPOSE:** The primary purpose for providing the requested information on this application is to apply for an extension of stay or a change from one nonimmigrant category to another nonimmigrant category. DHS will use the information you provide to grant or deny the immigration benefit you are seeking.

**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may delay a final decision or result in denial of your application.



**ROUTINE USES:** DHS may share the information you provide on this application and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS/ICE/CBP 001 Alien File, Index, and National File Tracking System, DHS/USCIS-007 Benefits Information System] and the published privacy impact assessment [DHS/USCIS/PIA-016(a) Computer Linked Application Information Management System and Associated Systems], which can be found at [www.dhs.gov/privacy](http://www.dhs.gov/privacy). DHS may also share the information as appropriate, for law enforcement purposes or in the interest of national security.

By signing this application, you have stated under penalty of perjury (28 U.S.C. section 1746) that all information and documentation submitted with this application are complete, true, and correct. You also authorize the release of any information from your records that USCIS may need to determine your eligibility for the immigration benefit you are seeking and consent to USCIS verifying such information.

DHS has the authority to verify any information you submit to establish eligibility for the immigration benefit you are seeking at any time. USCIS' legal authority to verify this information is in 8 U.S.C. sections 1103, 1155, and 1184, and 8 CFR parts 103, 204, 205, and 214. To ensure compliance with applicable laws and authorities, USCIS may verify information before or after your case is decided.

Agency verification methods may include, but are not limited to: review of public records and information; contact through written correspondence, the internet, fax, other electronic transmission, or telephone; unannounced physical site inspections of residences and locations of employment; and interviews. USCIS will use information obtained through verification to assess your compliance with the laws and to determine your eligibility for an immigration benefit.

Subject to the restrictions under 8 CFR 103.2(b)(16), USCIS will provide you with an opportunity to address any adverse or derogatory information that may result from a USCIS compliance review, verification, or site visit after a formal decision is made on your case or after the agency has initiated an adverse action which may result in revocation or termination of an approval.

An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated to average 2.38 hours per response, including the time for reviewing instructions, gathering the required documentation and information, completing the application, preparing statements, attaching necessary documentation, and submitting the application. The collection of biometrics is estimated to require 1 hour and 10 minutes. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

U.S. Citizenship and Immigration Services, Regulatory Coordination Division  
Office of Policy and Strategy  
20 Massachusetts Ave NW  
Washington, DC 20529-2140

Do not mail your completed Form I-539 to this address.

**OMB Number: 1615-0003**  
**Expires: 08/31/2020**

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ie form.  
nation about a question.

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**CTA**

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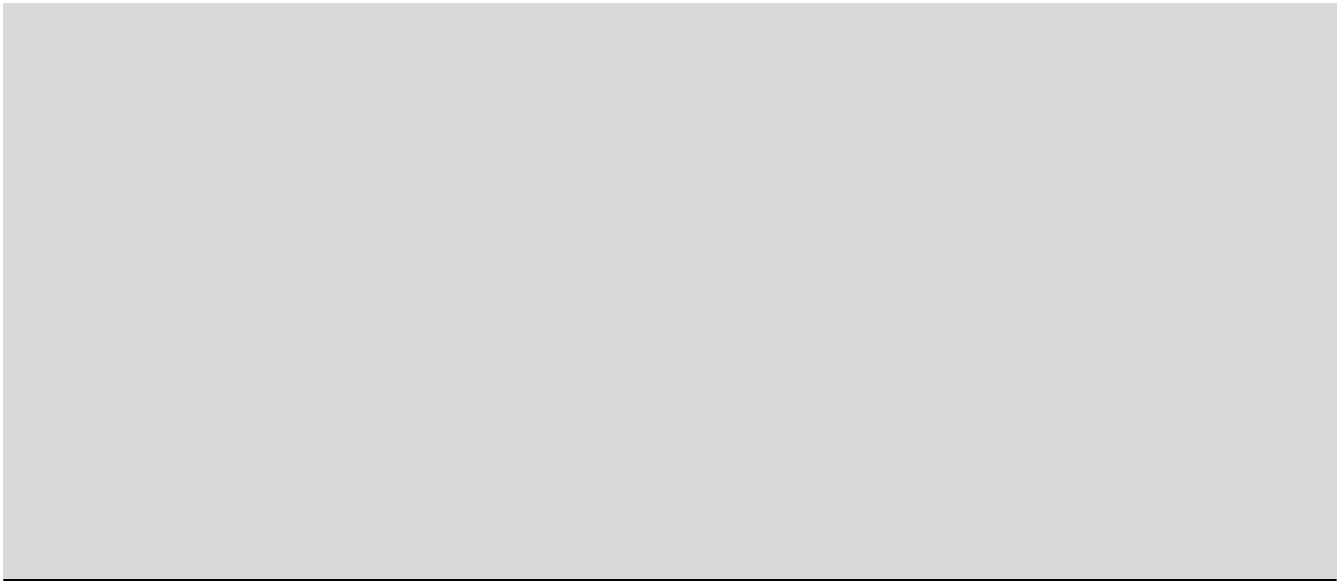
Learn more about [extending or changing your nonimmigrant status](https://www.uscis.gov/i-539)

Learn more about [filing a fee waiver](https://www.uscis.gov/feewaiver).

Next

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**Notes**

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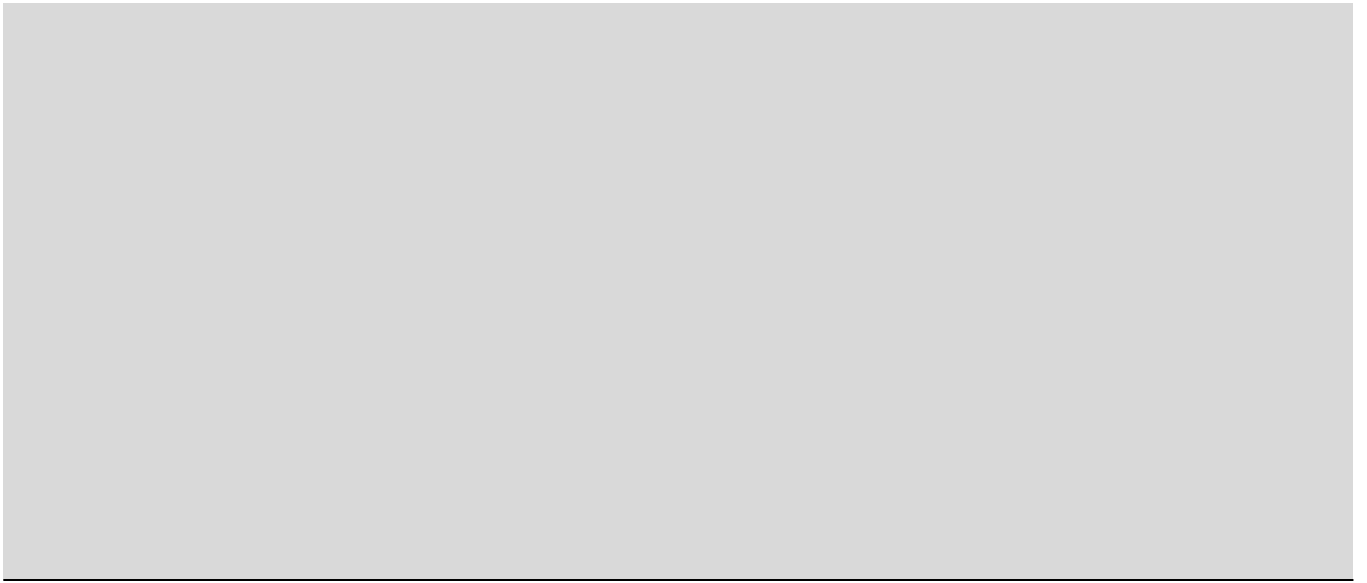
The list of statuses is subject to change based on the current Beta Release we are currently on.

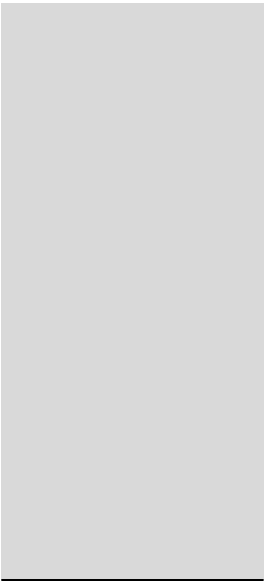
11/5/19 Update

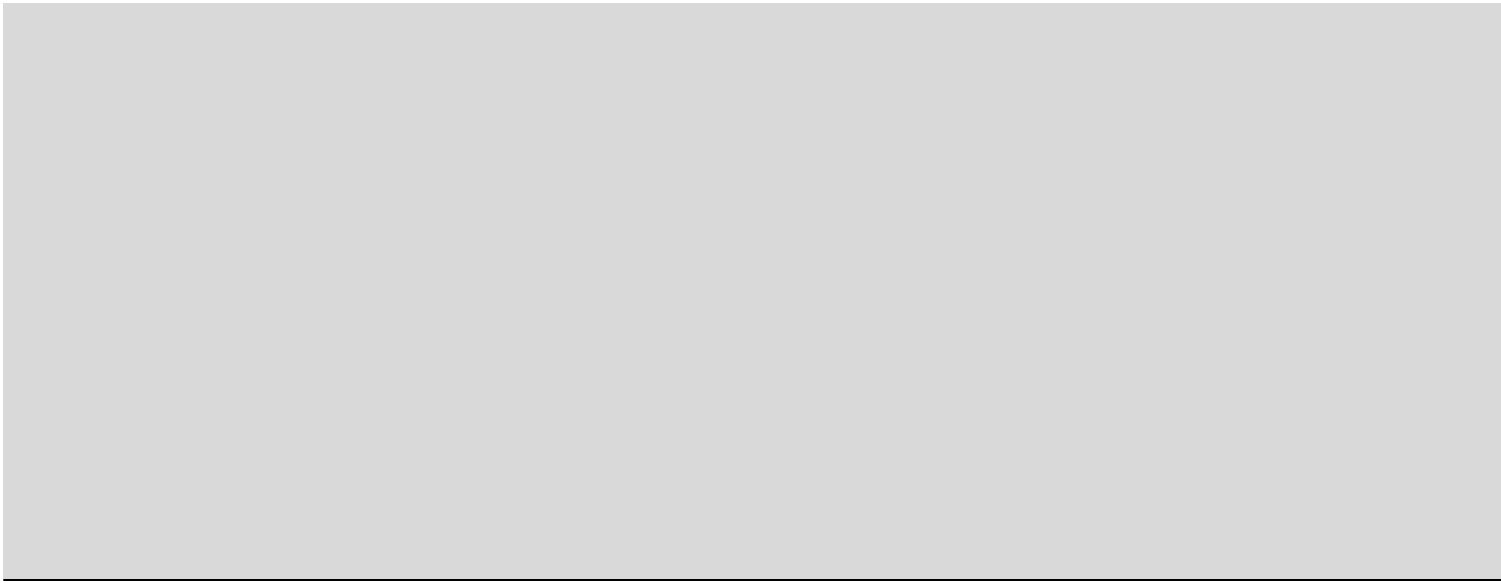


Language has already been approved, this does not need to be changed.









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# I-539 INTERACTIVE FORM COPY: QUESTIONS, INSTRU

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Step	Section	Paper Form Question #	Question
Getting Started	Basis for eligibility	1.15a	What is your current nonimmigrant status?

1.16 Were you granted Duration of Status (D/S)?

1.15b When does your current nonimmigrant status expire?

Reason for request		
	2.1	What are you applying for?
	2.2	
	2.3.a	

- 2.3.c (IF CHANGE OF STATUS) What is the change of status you are requesting?
- 2.3.b (IF CHANGE OF STATUS) What is the effective date of change?
- 3.1 What date are you requesting your current or requested status be extended until?

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**Preparer and interpreter information**

Is someone assisting you with completing this application?

(IF YES) Is a preparer assisting you with completing this application?

(IF YES) Is an interpreter assisting you with completing this application?

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**Preparer information**

(IF YES TO PREPARER) What is your preparer's full name?

8.1.b

8.1.a

What is your preparer's business or organization name?

8.2

What is your preparer's mailing address?

8.3.h

8.3.a

8.3.b

8.3.c

8.3.d/8.3.f

8.3.e/8.3.g

What is your preparer's  
8.4 contact information?

8.5

8.6

---

**Interpreter information**

(IF YES TO INTERPRETER)

What is your interpreter's full  
name?

7.1.b

7.1.a

What is your interpreter's  
business or organization  
name?

7.2

What is your interpreter's  
mailing address?

7.3.h

7.3.a

7.3.b

7.3.c

7.3.d/f

7.3.e/g

What is your interpreter's  
7.4 contact information?

7.5

7.6



What language is your interpreter using to interpret this application for you?

6.1.b

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# INSTRUCTIONAL AND HELP TEXT, AND OTHER COPY

Should not be edited

could be grouped by appropriate section.

Provides instructions for answering the question or completing this step/section. Users can click to expand. Provides additional contextual or clarification (if applicable). (Some questions have multiple pages)

(Some questions have multiple pages)

Sub-Question	Field Type	Instructional Text
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Dropdown

Yes/No

Radio

Date

Reinstatement to student status	checkbox
An extension of stay in my current status	checkbox
A change of status	checkbox

dropdown

month/day/year      date

month/day/year      date

---

Yes/No      Radio

Yes/No      Radio      A preparer is anyone who completes or helps you complete all or part of your application using information and answers that you provide.

Yes/No      Radio

---

Given name (first name)      Text

Family name (last name)      Text  
Text

My preparer is not part of a business or organization.      Checkbox

Country      Text

Address line 1      Text      Street number and name  
Address line 2      Text      Apartment, suite, unit, or floor  
City or town      Text

State/Province (FOR FOREIGN ADDRESS) Dropdown

ZIP code/Postal code (FOR FOREIGN ADDRESS) Text

Daytime telephone number Text

Mobile telephone number Text

My preparer does not have a mobile telephone number. Checkbox

Email address Text

My preparer does not have an email address. Checkbox

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Given name (first name) Text

Family name (last name) Text  
Text

My interpreter is not part of a business or organization. Checkbox

Country Text

Address line 1 Text

Street number and name

Address line 2 Text

Apartment, suite, unit, or floor

City or town Text

State/Province (FOR FOREIGN ADDRESS) Dropdown

ZIP code/Postal code (FOR FOREIGN ADDRESS) Text

Daytime telephone number Text

Mobile telephone number

My interpreter does not have a mobile telephone number.

Email address Text

My interpreter does not have an email address. Checkbox

Text



ection of the form.  
fying information about a

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Help Text

Primary Secondary CTA  
CTA

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Notation on certain nonimmigrant  
Form I-94 indicating that the individual,  
such as an F-1 nonimmigrant student, is  
authorized to remain in the U.S. as long  
as he or she maintains a valid status.

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**Notes**

Moved question forward in form from "Your Application" to the "Getting Started" section per OMB's request during demo.

"

"



# I-539 INTERACTIVE FORM COPY: QUESTIONS, INSTRUCTION

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Step	Section	Paper Form Question Question #	Sub-Question
About You	Your Name	1.1.b	What is your current legal name? Given name (first name)
		1.1.c	Middle name (if applicable)
		1.1.a	Family name (last name)
Your Contact Information		1.4.a	What is your current mailing address? In care of name (if any)
		1.4.b	Address line 1
		1.4.c	Address line 2
		1.4.d	City or town
		1.4.e	State
		1.4.f	ZIP code
		Where do you live now?	I live at my current mailing address
	1.5.a	Address line 1	
	1.5.b	Address line 2	
	1.5.c	City or town	

1.5.d	State
1.5.e	ZIP code
4.2.a What is your physical address abroad?	Address line 1
4.2.b	Address line 2
4.2.c	City or town
4.2.d	Province
4.2.e	Postal Code
4.2.f	Country
6.3 How can we contact you?	Daytime telephone number
6.4	Mobile telephone number
	This is the same as my mobile telephone number.
6.5	Email address

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**Additional Information**

1.2 What is your A-Number?

I do not have or know my A-number

1.3 What is your USCIS Online Account Number?

I do not have an USCIS Online Account Number

1.8 What is your date of birth?

month/date/year

1.9 What is your U.S. Social Security number?

I do not have a U.S. Social Security Number

- 4.1.a What is your current passport number?
- 4.1.b What country issued your passport? Country
- 4.1.c What date does your passport expire? month/date/year

**Your Immigration Information**

- 1.6 What is your country of birth?
- 1.7 What is your country of citizenship or nationality?

1.10

- 1.11 What is your date of last arrival into the United States?
- 1.11 What is your I-94 Arrival-Departure Record Number?
- 1.12 What is the passport number listed on your I-94?
- 1.13 What is your travel document number?
- 1.14.a What country issued your passport or travel document?

1.14.b

What is the expiration date for  
your passport or travel  
document?

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# VAL AND HELP TEXT, AND OTHER COPY

## be edited

grouped by appropriate section.

uctions for answering the question or completing this step/section of the form.  
s can click to expand. Provides additional contextual or clarifying information ab  
multiple pages)

Field Type	Instructional Text
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Text	Your current legal name is the name on your birth certificate, unless it changed after birth by a legal action such as marriage or court order. Do not provide any nicknames here.
------	--

Text	
------	--

Text	
------	--

Text	
------	--

Text	Street number and name
------	------------------------

Text	Apartment, suite, unit, or floor
Text	
Text	
Text	
Checkbox	

Text	Street number and name
Text	Apartment, suite, unit, or floor

Text	
------	--



Text

Text

Text Street number and name

Text Apartment, suite, unit, or floor

Text

Text

Text

Dropdown

Text

Text

Checkbox

Text

Text

---

Checkbox

Checkbox You can find your USCIS Online Account Number by signing in to your account and going to your profile page.

If you previously filed an application, petition, or request using the USCIS online filing system, provide the USCIS Online Account Number you were issued.

If you previously filed certain applications, petitions, or requests on a paper form via a USCIS Lockbox facility, you may have received a USCIS Online Account Access Notice issuing you a USCIS Online Account Number. You can find this number at the top of the notice.

The USCIS Online Account Number is not the same as an A-Number. The USCIS Online Account Number was previously called the USCIS Electronic Immigration System (USCIS ELIS) Number.

Date

Text

Checkbox

Dropdown

If you are the Principal Applicant, provide your current passport information.

date

---

Dropdown

Provide the name of the country as it currently exists, where you are currently a citizen or national. If the country no longer exists, use the current name of the country.

If you are a citizen or national of more than one country, provide the name of the foreign country that issued your last passport.

If you are stateless, enter the name of the current country where you were last a citizen or national.

Text

Provide information about your most recent entry into the United States

Text

Text

Text

Dropdown

date

---

out a question.

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**Help Text**

**Primary  
CTA**

**Secondary CTA**

**Notes**

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We will use your current mailing address to contact you throughout the application process. We may not be able to contact you if you do not provide a complete and valid address. Please provide a U.S. address only.

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This information may be found on your Nonimmigrant Arrival/Departure Record (I-94) issued by U.S. Customs and Border Protection (CBP) or USCIS upon arrival to the United States. If you were admitted to the United States by CBP at an airport or seaport after April 30, 2013, you may have been issued an electronic I-94 by CBP, instead of a paper form. Visit CBP [<https://www.cbp.gov/travel/international-visitors/i-94>] to obtain a paper version of your I-94.

If you are unable to obtain a copy of your I-94 from CBP, go to the USCIS I-102 [<https://www.uscis.gov/i-102>] to find additional I-94 Replacement Information.

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Step	Section	Paper Form Question #	Question
Moral Character	Party and group affiliations	4.7.a	Have you, or any other person included on this application, EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in acts involving torture or genocide? (IF YES) Provide an explanation.
		4.7.b	Have you, or any other person included on this application, EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in killing any person? (IF YES) Provide an explanation.
		4.7.c	Have you, or any other person included on this application, EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in intentionally and severely injuring any person? (IF YES) Provide an explanation.
		4.7.d	Have you, or any other person included on this application, EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in engaging in any kind of sexual contact or relations with any person who did not consent or was unable to consent, or was being forced or threatened? (IF YES) Provide an explanation.



4.7.e

Have you, or any other person included on this application, EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in limiting or denying any person's ability to exercise religious beliefs?

(IF YES) Provide an explanation.

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4.8.a

Have you, or any person included on the application, EVER served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, insurgent organization, or any other armed group?

(IF YES) Provide an explanation.

4.8.b

Have you, or any person included in this application, EVER worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?

(IF YES) Provide an explanation.

4.9

Have you, or any other person included in this application, EVER been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?

(IF YES) Provide an explanation.

4.10

Have you, or any person included in this application, EVER assisted or participated in selling, providing, or transporting weapons to any person who, to your knowledge, used them against another person?

(IF YES) Provide an explanation.

4.11

Have you, or any person included in this application EVER received any type of military, paramilitary, or weapons training?

(IF YES) Provide an explanation.

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**Immigration  
Proceedings**

4.12

Have you, or any person included in this application, done anything that violated the terms of the nonimmigrant status you now hold?

(IF YES) Provide an explanation.

4.13

Are you, or any other person included in this application, now in removal proceedings?

(IF YES) Provide an explanation with the name of the person in removal proceedings, and information on jurisdiction, date proceedings began, and status of proceedings.

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(Can have multiple pages)

Sub-Question	Field Type	Instructional Text
Yes/No	Radio	
Yes/No	Textarea Radio	
Yes/No	Textarea Radio	
Yes/No	Textarea Radio	
	Textarea	

Yes/No

Radio

Textarea

---

Yes/No

Radio

Yes/No

Textarea

Radio

Yes/No

Textarea

Radio

Yes/No

Textarea

Radio

Yes/No

Textarea

Radio

---

Yes/No

Textarea

Radio

Yes/No

Textarea

Radio

Textarea



ep/section of the form.  
clarifying information about a

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Help Text

Primary CTA   Secondary CTA

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Step	Section	Paper Form Question #	Question
Your Application	Information about request	3.2.a.	Is this application based on an extension or change of status already granted to your spouse, child, or parent?
		3.2.b	(IF YES) Provide the USCIS receipt number for the extension or change already granted to your spouse, child, or parent.
		3.3.a	Is this application based on a separate petition or application to give your spouse, child, or parent an extension or change of status?
		3.3.b	(IF YES PENDING) Provide the USCIS receipt number for the pending case.

	3.4	(IF YES PENDING) What is the name of the petitioner or applicant for the pending application?
	3.5	What date was the petition or application filed?
<b>Additional information about request</b>	4.3	Are you, or any other person included on the application, an applicant for an immigrant visa?  (IF YES) Provide an <b>explanation</b> <del>explanation</del>
	4.4	Has an immigrant petition EVER been filed for you or for any other person included in this application?  (IF YES) Provide an <b>explanation</b> <del>explanation</del>
	4.5	Has an Application to Register Permanent Resident or Adjust Status (I-485), EVER been filed by you or by any other person included in this application?  (IF YES) Provide an <b>explanation</b> .
	4.6	Have you, or any other person included in this application, EVER been arrested or convicted of any criminal offense since last entering the United States?
	4.14	Have you, or any other person included in this application, been employed in the United States since last admitted or granted an extension or change of status?  (IF YES) Describe the employment and include the name of the person employed, name and address of the employer, weekly income, and whether the employment was specifically authorized by USCIS.

(IF NO) Describe how you are supporting yourself. Include any documentary evidence of the source, amount, and basis for any income.

4.15 Are you, or any other person included on the application, currently or have you ever been a J-1 exchange visitor or a J-2 dependent of a J-1 exchange visitor?

(IF YES) Provide the dates you maintained status as a J-1 exchange visitor or J-2 dependent.

---

<b>Co-Applicants</b>	2.4/2.5.a	Are you the only applicant applying with this form?
	2.5.b	(IF NO) What is the total number of people (including yourself) in this application?

---

# ADDITIONAL AND HELP TEXT, AND OTHER COPY

## Not to be edited

Items should be grouped by appropriate section.

Instructions for answering the question or completing this step/section. Users can click to expand. Provides additional contextual or clarifying information.

(Can span multiple pages)

Sub-Question	Field Type	Instructional Text
yes/no	radio	
	number	The USCIS receipt number is a unique 13-character identifier that consists of three capital letters followed by 10 numbers (for example, ABC1234567890). You can find it on notices of action USCIS has sent your spouse, child or parent.
Yes, filed with this I-539	checkbox	
Yes, filed previously and pending with USCIS	checkbox	
No	checkbox	
	number	The USCIS receipt number is a unique 13-character identifier that consists of three capital letters followed by 10 numbers (for example, ABC1234567890). You can find it on notices of action USCIS has sent your spouse, child or parent.

Given name (first name) Text

Family name (last name) Text

Month/day/year date

---

Yes/No radio

ጾታ: text area  
yes/no radio

ጾታ: text area  
yes/no radio

yes/no text area  
radio

yes/no text area  
radio

text area

text area

Such evidence may include, but is not limited to:

- complete bank statements for checking and/or savings accounts showing all transactions,
- other cash assets, or
- affidavits of support from a sponsor.

yes/no

radio

text area

---

Yes/No

Radio button

Textfield

---

of the form.  
Information about a question.

---

Help Text

Primary CTA   Secondary CTA

---

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Beta 6

# I-539 INTERACTIVE FORM COPY: QUESTIONS, INSTRUCTION

Step	Section	Paper Form Question Question #	
<b>Public Benefit</b>	Public benefit information	5.1	Since obtaining the nonimmigrant status that you seek to extend or from which you seek to change, have you ever received, or are you currently certified to receive in the future any of the following public benefits? (See below and select all that apply)

---

(IF 5.1 = Yes) Public benefit information to

(if Yes) Select all of the public benefits which you received or are currently certified to receive:

---

(IF 5.1 = Yes) Public benefit history

Your public benefits

5.2.a-d What type of public benefit have you received?

What Agency Granted You the Benefit?  
What date did you start receiving the benefit?

What date did the benefit or coverage end or what is the date it expires?

---

Public benefit additional information

5.4.a.

Have you received, applied for, or have been certified to receive federally-funded Medicaid in connection with any of the following? (Select all that apply)

5.4.b.

(IF 5.4.a ≠ None of the above) Provide the applicable start and end dates for federally-funded Medicaid.

5.3

(If Yes to 5.1) Do any of the following apply to you?

## AL AND HELP TEXT, AND OTHER COPY

Sub-Question	Field Type	Instructional Text
Yes, I have received or I am currently certified to receive public benefits.	checkbox	<ol style="list-style-type: none"> <li>1. Any Federal, state, local, or tribal cash assistance for income maintenance including:               <ol style="list-style-type: none"> <li>a. Supplemental Security Income (SSI);</li> <li>b. Temporary Assistance for Needy Families (TANF); or</li> <li>c. Federal, state, or local cash benefit programs for income maintenance (often called "General Assistance" in the state context, but which may exist under other names);</li> </ol> </li> <li>2. Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps");</li> <li>3. Section 8 Housing Assistance under the Housing Choice Voucher Program;</li> <li>4. Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation);</li> <li>5. Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.; and</li> <li>6. Federally-funded Medicaid.</li> </ol>
No, I have not received any of the public benefits listed above	checkbox	
No, I am not certified to receive any of the public benefits listed above	checkbox	
Any federal, state, local or tribal cash assistance for income maintenance	checkbox	
Supplemental Security Income (SSI)	checkbox	
Temporary Assistance for Needy Families (TANF)	checkbox	
General Assistance (GA)	checkbox	
Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")	checkbox	
Section 8 Housing Assistance under the Housing Choice Voucher Program	checkbox	

Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation) checkbox

Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq. checkbox

Federally-funded Medicaid checkbox

---

List all of the public benefits which you received or are set to receive below.

dropdown

This dropdown list is based on the public benefits you indicated you are currently receiving or certified to receive. Select from the public benefits listed in the dropdown menu to provide the additional information about that public benefit.

text area  
date

Date You Started Receiving the Benefit or if Certified, Date You Will Start Receiving the Benefit or Date Your Coverage Starts

date

---

text area

An emergency medical condition. checkbox

For a service under the Individuals with Disabilities Education Act (IDEA). checkbox

Other school-based benefits or services available up to the oldest age eligible for secondary education under state law. checkbox

While you were under the age of 21. checkbox

While you were pregnant or during the 60-day period following the last day of pregnancy. checkbox

None of the above statements apply to me. checkbox

From date

To date

I am enlisted in the Armed Forces, or am serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces. checkbox

I am the spouse or the child of an individual who is enlisted in the Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces. checkbox

At the time I received the public benefits, I (or my spouse or parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces. checkbox

At the time I received the public benefits, I was present in the United States in a status exempt from the public charge ground of inadmissibility. checkbox

At the time I received the public benefits, I was present in the United States after being granted a waiver off the public charge ground of inadmissibility. checkbox

I am a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate under INA Section 322 interview. checkbox

None of the above statements apply to me. checkbox

**Help Text**

**Primary CTA**





---

Add Public Benefit History Information

---

Secondary CTA

---

KAJ (PRA): Edits in purple font. GK/PLD: minor edits in light blue.

Could these two "No" questions be combined as one? And, we'd send a checkbox to for both?

KAJ (PRA): No; they can't be combined. The two "no" responses are asking for different information. The Radio field type should be Checkbox for each of these items. Edits in purple font.

---

---

User can list/add more benefits by adding to the table.

KAJ (PRA): Edits/suggestions/questions in purple font. GK (PLD):  
Minor edit: Added comma after "public benefits" in first line of  
instructional text.

KAJ (PRA) Edits in purple font.

---

KAJ (PRA): Edits in purple font.

**myUSCIS Notes**

changes updated

changes updated

changes updated

made update to the question and instructional text.

made updates to the question.

question is updated.

## I-539 INTERACTIVE FORM COPY: QUESTIONS, INST

**Copy in gray boxes is approved copy from previous forms and s**

**Step:** Indicates the form navigation element.

**Section:** Indicates the form sub-navigation element. Copy for question

**Questions/Sub-Questions:** Based on the questions from the paper fo

**Instructional text:** Text that appears directly below a question and p  
this step/section of the form.

**Help text:** Text that appears below or next to an input field, partially b  
contextual or clarifying information about a question.

**CTA:** copy for button

Page breaks are indicated by a horizontal line (the same sub-navigation

Conditional question logic is indicated in ( ) before question

Step	Section	Paper Form Question #	Question
Additional Explanation	Additional explanation	9.1.a-9.7.d	You may provide additional information for your application

# INSTRUCTIONAL AND HELP TEXT, AND OTHER COPY

## should not be edited

ns should be grouped by appropriate section.

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rovides instructions for answering the question or completing

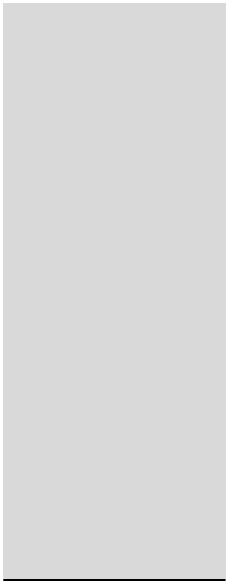
nhidden. Users can click to expand. Provides additional

n can have multiple pages)

Sub-Question	Field Type	Instructional Text	Help Text
--------------	------------	--------------------	-----------

Additional information	Textbox	If you need to provide any additional information for any of your answers to the questions in this form, enter it into the space below. You should include the questions that you are referencing.	
------------------------	---------	--	--

If you do not need to provide any additional information, you may leave this section blank.



**Notes**





## I-539 INTERACTIVE FORM COPY: QUESTIONS, INSTRU

**Copy in gray boxes is approved copy from previous forms and should**

**Step:** Indicates the form navigation element.

**Section:** Indicates the form sub-navigation element. Copy for questions should

**Questions/Sub-Questions:** Based on the questions from the paper form.

**Instructional text:** Text that appears directly below a question and provides

**Help text:** Text that appears below or next to an input field, partially hidden

**CTA:** copy for button

Page breaks are indicated by a horizontal line (the same sub-navigation card)

Conditional question logic is indicated in ( ) before question

Step	Section	Evidence Title	Field Type
Evidence	Required evidence	Your Nonimmigrant Arrival/Departure Record (I-94)	Upload

Additional applicants' Nonimmigrant Arrival/Departure Record Upload (I-94)

Your Nonimmigrant Arrival/Departure Record (I-94) or Approval Notice (I-797)

Upload

Additional applicants' Nonimmigrant Arrival/Departure Record Upload (I-94) or Approval Notice (I-797)

Upload

Your Interagency Record of Request - A, G, or NATO Dependent Employment, Authorization, or Change/Adjustment to/from A, G, or NATO Status (I-566)

Upload

Your employer's Nonimmigrant Arrival/Departure Record (I-94)

Upload

Your employer's Nonimmigrant Arrival/Departure Record (I-94)  
Letter from your employer

Upload

Your employer's Interagency Record of Request - A, G, or NATO Dependent Employment, Authorization, or Change/Adjustment to/from A, G, or NATO Status (I-566) Upload

Your written statement Upload

Evidence of your lawful residence in Commonwealth of Northern Mariana Islands Upload

Evidence of your relationship with the CW-1 transitional worker Upload

Additional evidence for CW-2 applicants Upload

Evidence of your relationship with the principal E nonimmigrant

Additional evidence for dependents of principal E nonimmigrants

[Upload](#)

Your Certificate of Eligibility for Nonimmigrant Student (I-20)

[Upload](#)

Proof of ability to pay

[Upload](#)

Evidence for reinstatement

[Upload](#)

Evidence of your relationship with the H temporary worker

[Upload](#)

Additional evidence for dependents of an H temporary worker [Upload](#)

Letter from your employer [Upload](#)

Evidence of your relationship with the principal nonimmigrant [Upload](#)

Your Certificate of Eligibility for Exchange Visitor Status (DS-2019) [Upload](#)

Evidence of your relationship with the L intracompany transferee [Upload](#)

Additional evidence for dependents of an L intracompany transferee [Upload](#)

Evidence supporting your reason for an extension [Upload](#)

Evidence of your relationship with the O nonimmigrant worker [Upload](#)

Additional evidence for dependents of an O nonimmigrant worker [Upload](#)

Evidence of your relationship with the P nonimmigrant worker [Upload](#)

Additional evidence for dependents of an P nonimmigrant worker [Upload](#)

Evidence of your relationship with the R religious worker [Upload](#)

Additional evidence for dependents of an R religious worker [Upload](#)

Evidence of your relationship with the TN professional worker [Upload](#)

Additional evidence for dependents of a TN professional worker Upload

Evidence demonstrating law enforcement need Upload

Evidence demonstrating exceptional circumstances Upload

Evidence supporting your reason for an extension Upload

Evidence of your relationship with the T-1 nonimmigrant principal Upload

Evidence demonstrating law enforcement need Upload

Evidence of your relationship with the U-1 nonimmigrant principal Upload

Evidence you received any public benefits. Upload

Evidence of public benefit disenrollment request. Upload

Evidence your enlistment in the U.S. Armed Forces, serving in active duty or in the Ready Reserve component of the U.S. Armed forces. Upload

Evidence of your relationship to a service member of the U.S. Armed forces. Upload

Evidence of receiving Federal-Funded Medicaid by a child under 21 years of age. Upload

Proof of child's N-600K interview notice. Upload

Evidence you received public benefits while in a category that is exempt from public charge. Upload



Evidence you received public benefits while in a category which had received a waiver for public charge.

Upload

---

Additional evidence

Additional evidence you want to provide

Upload

---

## FUNCTIONAL AND HELP TEXT, AND OTHER COPY

### Id not be edited

ould be grouped by appropriate section.

les instructions for answering the question or completing this step  
en. Users can click to expand. Provides additional contextual or cla

n have multiple pages)

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### Instructional Text

Upload an image or copy of both sides of your Nonimmigrant Arrival/Departure Record (I-94).

If you were admitted to the United States by U.S. Customs and Border Protection (CBP) at an airport or seaport after April 30, 2013, you may have been issued an electronic I-94 by CBP, instead of a paper form. Visit [CBP](https://www.cbp.gov/i94) to obtain a copy of your I-94.

If you are unable to obtain a copy of your I-94 from CBP, go to [USCIS I-102](https://www.uscis.gov/i-102) to find additional I-94 Replacement Information.

Upload an image or copy of both sides of the Nonimmigrant Arrival/Departure Record (I-94) for each person included in your application.

If they were admitted to the United States by CBP at an airport or seaport after April 30, 2013, they may have been issued an electronic Nonimmigrant Arrival/Departure Record by CBP, instead of a paper form. Visit the [CBP website](https://www.cbp.gov/i94) to obtain a paper version of their Nonimmigrant Arrival/Departure Record.

If you are unable to obtain a copy of their I-94 from CBP, go to the [USCIS I-102](https://www.uscis.gov/i-102) page to find additional I-94 Replacement Information.

Upload an image or copy of both sides of your Nonimmigrant Arrival/Departure Record (I-94). If you do not have your Nonimmigrant Arrival/Departure Record, you can upload a copy of your Approval Notice (I-797) or an image of your passport that shows you have already been granted status.

If you were admitted to the United States by CBP at an airport or seaport after April 30, 2013, you may have been issued an electronic Nonimmigrant Arrival/Departure Record by CBP, instead of a paper form. Visit the [CBP website](https://www.cbp.gov/i94) to obtain a paper version of your Nonimmigrant Arrival/Departure Record.

If you are unable to obtain a copy of your I-94 from CBP, go to the [USCIS I-102](https://www.uscis.gov/i-102) page to find additional I-94 Replacement Information.

Upload an image or copy of both sides of the Nonimmigrant Arrival/Departure Record (I-94) for each person included in your application. If you do not have your Nonimmigrant Arrival/Departure Record, you can upload a copy of your Approval Notice (I-797) or an image of your passport that shows you have already been granted status.

If they were admitted to the United States by CBP at an airport or seaport after April 30, 2013, they may have been issued an electronic Nonimmigrant Arrival/Departure Record by CBP, instead of a paper form. Visit the [CBP website](https://www.cbp.gov/i94) to obtain a paper version of their Nonimmigrant Arrival/Departure Record.

If you are unable to obtain a copy of their I-94 from CBP, go to the [USCIS I-102](https://www.uscis.gov/i-102) page to find additional I-94 Replacement Information.

Upload an image or copy of the Iteragency Record of Request - A, G, or NATO Dependent Employment, Authorization, or Change/Adjustment to/from A, G, or NATO Status (I-566) that is certified by the Department of State and indicates your accredited status.

Upload an image or copy of your employer's Nonimmigrant Arrival/Departure Record (I-94) or an approval notice demonstrating their A status.

Upload an image or copy of your employer's Nonimmigrant Arrival/Departure Record (I-94) or an approval notice demonstrating their G status.

Upload an image or copy of a letter from your employer stating:

Your duties

That the employer intends to personally employ you for the entirety of your contract

Arrangements you have made to depart from the United States

Upload an image or copy of your employer's Interagency Record of Request - A, G, or NATO Dependent Employment, Authorization, or Change/Adjustment to/from A, G, or NATO Status (I-566) that is certified by the Department of State and indicates your employer's continuing accredited status.

Upload a written statement explaining in detail:

- The reasons for your request for an extension or change
- The reasons why your extended stay would be temporary, including what arrangements you have made to depart from the United States
- Any effect the extended stay may have on your foreign employment or residency

Upload an image or copy of proof of your lawful presence in the Commonwealth of the Northern Mariana Islands (CNMI) as defined in 8 CFR 214.2(w)(l)(v).

Upload an image or copy of any evidence that shows each applicant's relationship to the CW-1 transitional worker. This may include a birth certificate, marriage certificate, or proof of termination of any prior marriages.

Upload an image or copy of one of the following:

1. Petition for a Nonimmigrant Worker in the CNMI (I-129CW) that was filed on behalf of the CW-1 transitional worker
2. A copy of the Receipt Notice (I-797) related to the transitional worker's already pending petition
3. A copy of the front and back of the transitional worker's most recent Nonimmigrant Arrival/Departure Record (I-94)
4. A copy of the Approval Notice (I-797) showing the transitional worker has already been granted status for the period requested on your application

Upload an image or copy of any evidence that shows each applicant's relationship to the principal E nonimmigrant. This may include a birth certificate, marriage certificate, or proof of termination of any prior marriages.

Upload an image or copy of one of the following:

1. Petition for a Nonimmigrant Worker (I-129) that was filed on behalf of the principal E nonimmigrant
2. A copy of the Receipt Notice (I-797) related to the principal E nonimmigrant's already pending Petition for a Nonimmigrant Worker (I-129)
3. A copy of the front and back of the principal E nonimmigrant's most recent Nonimmigrant Arrival/Departure Record (I-94)
4. A copy of the Approval Notice (I-797) showing the principal E nonimmigrant has already been granted status for the period requested on your application.

Upload an image or copy of your Certificate of Eligibility for Nonimmigrant Student (I-20), issued by the school where you will study.

Upload an image or copy of any documentation that demonstrates your ability to pay for your studies and support yourself, and any accompanying dependent family members, while you are in the United States.

Upload an image or copy of any documentation that shows that your violation of status resulted from circumstances beyond your control or that your violation relates to a reduction in your course load that would have been within a Designated Schools Official's (DSO's) power to authorize, and that failure to approve reinstatement would result in extreme hardship for you.

If you have been out of status for more than 5 months at the time of filing your request for reinstatement, you must also provide evidence that your failure to file within the 5 month period was the result of exceptional circumstances and that you filed your request for reinstatement as promptly as possible under these exceptional circumstances.

Upload an image or copy of any evidence that shows each applicant's relationship to the H temporary worker. This may include a birth certificate, marriage certificate, or proof of termination of any prior marriages.

Upload an image or copy of one of the following:

1. Petition for a Nonimmigrant Worker (I-129) that was filed on behalf of the H temporary worker
2. A copy of the Receipt Notice (I-797) related to the H temporary worker's already pending Petition for a Nonimmigrant Worker (I-129)
3. A copy of the front and back of the H temporary worker's most recent Nonimmigrant Arrival/Departure Record (I-94)
4. A copy of the Approval Notice (I-797) showing the H temporary worker has already been granted status for the period requested on your application.

Upload an image or copy of a letter from the employing media organization that:

- Verifies your employment
- Establishes that you are a representative of that media organization
- Describes your compensation and work to be performed

Upload an image or copy of any evidence that shows each applicant's relationship to the principal nonimmigrant. This may include a birth certificate, marriage certificate, or proof of termination of any prior marriages.

Upload an image or copy of your Certificate of Eligibility for Exchange Visitor Status (DS-2019).

Upload an image or copy of any evidence that shows each applicant's relationship to the L intracompany transferee. This may include a birth certificate, marriage certificate, or proof of termination of any prior marriages.

Upload an image or copy of one of the following:

1. Petition for a Nonimmigrant Worker (I-129) that was filed on behalf of the L intracompany transferee
2. A copy of the Receipt Notice (I-797) related to the L intracompany transferee's already pending Petition for a Nonimmigrant Worker (I-129)
3. A copy of the front and back of the L intracompany transferee's most recent Nonimmigrant Arrival/Departure Record (I-94)
4. A copy of the Approval Notice (I-797) showing the L intracompany transferee has already been granted status for the period requested on your application.

Upload an image or copy of any evidence supporting your reason for requesting an extension. You may request an extension if:

- Compelling educational or medical reasons have resulted in a delay of your course of study
- You are applying for a post-completion optional practical training
- You are transferring to a different school

If you are transferring schools 6 months, or more, after the date you first admitted, you will need to upload evidence showing you are unable to remain at the school you were initially admitted to attend due to circumstances beyond your control.

Upload an image or copy of any evidence that shows each applicant's relationship to the O nonimmigrant worker. This may include a birth certificate, marriage certificate, or proof of termination of any prior marriages.

Upload an image or copy of one of the following:

1. Petition for a Nonimmigrant Worker (I-129) that was filed on behalf of the O nonimmigrant worker
2. A copy of the Receipt Notice (I-797) related to the O nonimmigrant worker's already pending Petition for a Nonimmigrant Worker (I-129)
3. A copy of the front and back of the O nonimmigrant worker's most recent Nonimmigrant Arrival/Departure Record (I-94)
4. A copy of the Approval Notice (I-797) showing the O nonimmigrant worker has already been granted status for the period requested on your application.

Upload an image or copy of any evidence that shows each applicant's relationship to the P nonimmigrant worker. This may include a birth certificate, marriage certificate, or proof of termination of any prior marriages.

Upload an image or copy of one of the following:

1. Petition for a Nonimmigrant Worker (I-129) that was filed on behalf of the P nonimmigrant worker
2. A copy of the Receipt Notice (I-797) related to the P nonimmigrant worker's already pending Petition for a Nonimmigrant Worker (I-129)
3. A copy of the front and back of the P nonimmigrant worker's most recent Nonimmigrant Arrival/Departure Record (I-94)
4. A copy of the Approval Notice (I-797) showing the P nonimmigrant worker has already been granted status for the period requested on your application.

Upload an image or copy of any evidence that shows each applicant's relationship to the R religious worker. This may include a birth certificate, marriage certificate, or proof of termination of any prior marriages.

Upload an image or copy of one of the following:

1. Petition for a Nonimmigrant Worker (I-129) that was filed on behalf of the R religious worker
2. A copy of the Receipt Notice (I-797) related to the R religious worker's already pending Petition for a Nonimmigrant Worker (I-129)
3. A copy of the front and back of the R religious worker's most recent Nonimmigrant Arrival/Departure Record (I-94)
4. A copy of the Approval Notice (I-797) showing the R religious worker has already been granted status for the period requested on your application.

Upload an image or copy of any evidence that shows each applicant's relationship to the TN professional worker. This may include a birth certificate, marriage certificate, or proof of termination of any prior marriages.

Upload an image or copy of one of the following:

1. Petition for a Nonimmigrant Worker (I-129) that was filed on behalf of the TN professional worker
2. A copy of the Receipt Notice (I-797) related to the TN professional worker's already pending Petition for a Nonimmigrant Worker (I-129)
3. A copy of the front and back of the TN professional worker's most recent Nonimmigrant Arrival/Departure Record (I-94)
4. A copy of the Approval Notice (I-797) showing the TN professional worker has already been granted status for the period requested on your application.

Upload an image or copy of any evidence demonstrating law enforcement need. This may include a Declaration of Law Enforcement Officer for Victims or Trafficking in Persons (I-914, Supplement B) or other evidence from law enforcement explaining that your presence is necessary, and any other credible evidence.

Upload an image or copy of any evidence that demonstrates your exceptional circumstances. This may include an affirmative statement or any other credible evidence.

Upload a written statement explaining the need and reason for your request for an extension.

Upload an image or copy of any evidence that shows each applicant's relationship to the T-1 nonimmigrant principal. This may include a birth certificate, marriage certificate, or proof of termination of any prior marriages.

Upload an image or copy of any evidence demonstrating law enforcement need. This may include a U Nonimmigrant Status Certification (I-918, Supplement B) or other evidence from law enforcement explaining that your presence is necessary, and any other credible evidence.

Upload an image or copy of any evidence that shows each applicant's relationship to the U-1 nonimmigrant principal. This may include a birth certificate, marriage certificate, or proof of termination of any prior marriages.

Upload evidence in the form of a letter, notice, certification, or other agency documents that contain the following:

1. Your name;
2. Name and contact information for the public benefit granting agency;
3. Type of benefit;
4. Date you started receiving the benefit or if certified, date you will start receiving the benefit; and
5. Date benefit or coverage ended or expires (mm/dd/yyyy) (if applicable)

Upload evidence of your request to disenroll if the public benefit-granting agency has not processed your request (if applicable).



Upload certified evidence of alien's enlistment/service issued by the authorizing official of the executive department in which service member is serving.

Upload a copy of Form DD-1173, United States Uniformed Services Identification and Privilege Card (Dependent).

Upload a copy of the following (if applicable):

1. A statement with information regarding the "emergency medical condition" determination (if applicable);

2. Documentation of these payments under the IDEA or school-based service; and

3. Pregnancy verification letter from medical professional including estimated duration of pregnancy.

Upload a copy of the N-600K interview notice.

Upload information that evidences of your status or that you received a waiver for the public charge ground of inadmissibility, such as

1. Approval notice (such as Form I-797, Notice of Action); or

2. Form I-94, Arrival/Departure Record.

Upload information that evidences of your status or that you received a waiver for the public charge ground of inadmissibility, such as

1. Approval notice (such as Form I-797, Notice of Action); or
2. Form I-94, Arrival/Departure Record.

---

You can provide additional documents that support your application and help explain any of your answers on the application. If you want to provide additional evidence now, upload any documents below.

o/section of the form.  
clarifying information about a question.

---

**Logic**

Required for all applicants (exclude T and U nonimmigrants)

Required for all additional applicants (exclude T and U nonimmigrants)

If nonimmigrant status = T (law enforcement OR exceptional circumstances), T derivative (T-2, T-3, T-4, T-5, T-6), U (law enforcement OR exceptional circumstances), U-1, U-2, U-3, U-4, U-5

If nonimmigrant status = T (law enforcement OR exceptional circumstances), T derivative (T-2, T-3, T-4, T-5, T-6), U (law enforcement OR exceptional circumstances), U-1, U-2, U-3, U-4, U-5

If nonimmigrant status = A, G

If nonimmigrant status = A-3

If nonimmigrant status = G-5

If nonimmigrant status = A-3, G-5

If nonimmigrant status = A-3, G-5

If nonimmigrant status = B-1 or B-2

If nonimmigrant status = CW-2 (Dependent of CW-1)

If nonimmigrant status = CW-2

If nonimmigrant status = CW-2

If nonimmigrant status = E-1 Treaty Traders, E-1 employees, E-2  
Treaty Investors, E-2 employees, E-2 CNMI Investors, E-3  
Australian Specialty Occupation Professionals

If nonimmigrant status = E-1 Treaty Traders, E-1 employees, E-2 Treaty Investors, E-2 employees, E-2 CNMI Investors, E-3 Australian Specialty Occupation Professionals

If nonimmigrant status = F-1 (and requesting change or reinstatement), M-1

If nonimmigrant status = F-1 (and requesting change or reinstatement), M-1

If nonimmigrant status = F-1 (requesting reinstatement), M-1 (requesting reinstatement)

If nonimmigrant status = H-4

If nonimmigrant status = H-4

If nonimmigrant status = I

If nonimmigrant status = I (dependent)

If nonimmigrant status = J-1 (changing to J-1)

If nonimmigrant status = L-2

If nonimmigrant status = L-2

if nonimmigrant status = M-1 (extension)

If nonimmigrant status = O-3

If nonimmigrant status = O-3

If nonimmigrant status = P-4

If nonimmigrant status = P-4

If nonimmigrant status = R-2

If nonimmigrant status = R-2

If nonimmigrant status = TD



If nonimmigrant status = TD

If nonimmigrant status = T (law enforcement need)

If nonimmigrant status = T (exceptional circumstances), U  
(exceptional circumstances)

If nonimmigrant status = T-2, T-3, T-4, T-5, T-6, U-2, U-3, U-4, U-5

If nonimmigrant status = T-2, T-3, T-4, T-5, T-6

If nonimmigrant status = U (law enforcement need)

If nonimmigrant status = U-2, U-3, U-4, U-5

If selected 5.1: "Yes, I have received or I am currently certified to receive public benefits."

If selected 5.1: "Yes, I have received or I am currently certified to receive public benefits."

If 5.3 = "I am enlisted in the Armed Forces, or am serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces"

OR;

"At the time I received the public benefits, I (or my spouse or parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces."

If 5.3 = "I am the spouse or the child of an individual who is enlisted in the Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces."

OR;

"At the time I received the public benefits, I (or my spouse or parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces."

If 5.4.a. = "While you were under the age of 21." OR;

"An emergency medical condition." OR;

"For a service under the Individuals with Disabilities Education Act (IDEA)." OR;

"Other school-based benefits or services available up to the oldest age eligible for secondary education under state law."

OR;

"While you were pregnant or during the 60-day period following the last day of pregnancy."

If 5.3 = "I am a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview."

If 5.3 = "At the time I received the public benefits, I was present in the United States in a status exempt from the public charge ground of inadmissibility."

If 5.3 = "At the time I received the public benefits, I was present in the United States after being granted a waiver off the public charge ground of inadmissibility."

---

All applicants

# I-539 INTERACTIVE FORM COPY: QUESTION

Copy in gray boxes is approved copy from previous form

**Step:** Indicates the form navigation element.

**Section:** Indicates the form sub-navigation element. Copy for

**Questions/Sub-Questions:** Based on the questions from the

**Instructional text:** Text that appears directly below a question

**Help text:** Text that appears below or next to an input field, p

**CTA:** copy for button

Page breaks are indicated by a horizontal line (the same sub-n

Conditional question logic is indicated in ( ) before question

Step	Section	Paper Form Question #	Question
Review and Submit	Review your application		Check your application before you submit

=====  
Your eligibility

=====  
Your request reason

=====

Alerts and warnings

**Your application  
summary**

---

**Preparer signature** 8.7.a

---

Preparer's  
statement

8.7.b

8.7.b

8

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Preparer's  
certification

		<b>8.8.a/b</b>	Preparer's signature upload
<b>Interpreter signature</b>	7		Interpreter's certification

		<b>7.7.a/b</b>	Interpreter's signature upload
<b>Your signature</b>	6.1.a		Applicant's statement
	6.2		Applicant's statement regarding the preparer
	6.1.b		Applicant's statement regarding the interpreter

6

Applicant's  
declaration,  
certification and  
signature

Federal Agency  
Disclosure and  
Authorizations

**6.6.a**

\_\_\_\_\_  
\_\_\_\_\_  
Your signature

6.6.b

**Pay and submit**

\_\_\_\_\_



Pay for and submit  
your application



# QUESTIONS, INSTRUCTIONAL AND HELP TEXT, AND OTHER COPY

QUESTIONS AND ANSWERS SHOULD NOT BE EDITED

QUESTIONS SHOULD BE GROUPED BY APPROPRIATE SECTION.  
QUESTIONS SHOULD BE FORMATTED TO RESEMBLE A PAPER FORM.  
QUESTIONS SHOULD PROVIDE INSTRUCTIONS FOR ANSWERING THE QUESTION OR COMPLETING THIS STEP/SECTION.  
QUESTIONS SHOULD BE PARTIALLY HIDDEN. USERS CAN CLICK TO EXPAND. PROVIDES ADDITIONAL CONTEXTUAL OR CLARIFYING INFORMATION.  
(QUESTIONS WITH MULTIPLE CHOICE OR MULTIPLE ANSWER NAVIGATION CAN HAVE MULTIPLE PAGES)

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Sub-Question

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I am **not** an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.

I am an attorney or accredited representative and my representation of the applicant in this case does not extend beyond the preparation of this application.

I am an attorney or accredited representative and my representation of the applicant in this case extends beyond the preparation of this application.

---

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the Applicant's Declaration and Certification, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

As the applicant's preparer, you must sign on paper and provide your signature page to the applicant. Follow these steps:

1. Download the Preparer Signature page
2. Print the Preparer Signature page
3. Read and sign the Preparer Signature page
4. Give the signed Preparer Signature page to the applicant

The applicant will need to scan and upload your completed signature page on the next screen.

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I certify, under penalty of perjury, that: I am fluent in English and the language provided in the Getting Started section of this application, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant's Declaration and Certification, and has verified the accuracy of every answer.

As the applicant's interpreter, you must sign on paper and provide your signature page to the applicant. Follow these steps:

1. Download the Interpreter Signature page
2. Print the Interpreter Signature page
3. Read and sign the Interpreter Signature page
4. Give the signed Interpreter Signature page to the applicant

The applicant will need to scan and upload your completed signature page on the next screen.

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I can read and understand English, and I have read and understand every question and instruction on this application **and** my answer to every question.

At my request, the preparer named in the Getting Started section of this application/[preparer name] prepared this application for me **based only upon information I provided or authorized.**

The interpreter named in the Getting Started section of this application read to me every question and instruction on this application and my answer to every question in the language I specified in the Getting Started section, a language in which I am fluent, and I understood everything.

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Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

I authorize, as applicable, the Social Security Administration (SSA) to verify my Social Security number (to match my name, Social Security number, and date of birth with information in SSA records and provide the results of the match) to USCIS. I authorize SSA to provide explanatory information to USCIS as necessary.

I authorize, as applicable, the SSA, U.S. Department of Agriculture (USDA), U.S. Department of Health and Human Services (HHS), U.S. Department of Housing and Urban Development (HUD), and any other U.S. Government agency that has received and/or adjudicated a request for a public benefit, as defined in 8CFR 212.21(b), submitted by me or on my behalf, and/or granted one or more public benefits to me, to disclose to USCIS that I have applied for, received, or have been certified to receive, a public benefit from such agency, including the type and amount of benefits, dates of receipt, and any other relevant information provided to the agency for the purpose of obtaining such as public benefit, to the extent permitted by law. I also authorize SSA, USDA, HHS, HUD, and any other US. Government agency to provide any additional data and information to USCIS, to the extent permitted by law.

I authorize, as applicable, custodians of records and other sources of information pertaining to my request for or receipt of public benefits to release information regarding my request for and/or receipt of public benefits, upon the request of the investigator, special agents, or other duly accredited representative of any Federal agency authorized above, regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by the Federal Government, that the U.S. Government will use it only to review if I have received public benefits in regards to my eligibility for immigration benefits and to enforce immigration laws, and that the U.S. Government may disclose the information only as authorized by law.

I have read and agree to the applicant's statement

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[Date of signature]

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tion of the form.  
ng information about a question.

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**Field Type****Instructional Text**

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We will review your application to check for accuracy and completeness before you submit it.

We encourage you to provide as many responses as you can throughout the application, to the best of your knowledge. Missing information can slow down the review process after you submit your application.

You can return to this page to review your application as many times as you want before you submit it.

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You will submit your application using the following basis for eligibility.

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Title: Your request reason is: {{Application type}}  
Based on the reason for your request, your form filing fee is: {{Dollar amount}}

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You have one or more alerts and warnings based on the information you provided in your application.

A red alert means you have incomplete or incorrect responses to certain questions. You cannot submit your application with any alerts.

A yellow warning means you may be missing information or may need to follow-up with us about your responses. You can still submit your application, but some warnings may slow down the review process after you submit your application.

---

Here is a summary of all the information you provided in your application.

Make sure you have provided responses for everything that applies to you before you submit your application. You can edit your responses by going to each application section using the site navigation.

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Radio

Your preparer must read the statements below and select the statement that applies to him or her.

If your preparer is an attorney or accredited representative whose representation extends beyond preparation of this application, he or she may be obliged to submit a completed Notice of Entry of Appearance as Attorney or Accredited Representative (G-28) with your application.

Radio

Radio

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Checkbox

Your preparer must read and agree to the certification below.

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Upload            Scan and upload your preparer's completed signature page below.

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Checkbox        Your interpreter must read and agree to the certification below.

---

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Upload            Scan and upload your interpreter's completed signature page below.

---

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Checkbox        You must read and agree to the statement below.

---

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Checkbox        You must read and agree to the statement below.

---

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Checkbox        You must read and agree to the statement below.

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You must read and agree to the certification below. If you knowingly and willfully falsify or conceal a material fact or submit a false document with your application, we can deny your application and may deny any other immigration benefit. You may also face criminal prosecution and penalties provided by the law.

Checkbox

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You must provide your digital signature below by typing your full legal name. We may deny your application if you do not completely fill out this application or fail to submit required documents. We will record the date of your signature with your application.

---

The final step to submit your I-539 is to pay the required fee.

Your application fee is: [\$XXX.00]

Your biometrics fee is: [\$XXX.00]

Your total fee is: [**\$XXX.00**]

If you have a form fee, we will send you to Pay.gov — our safe, secure payment website — to make your payment and submit your application online.

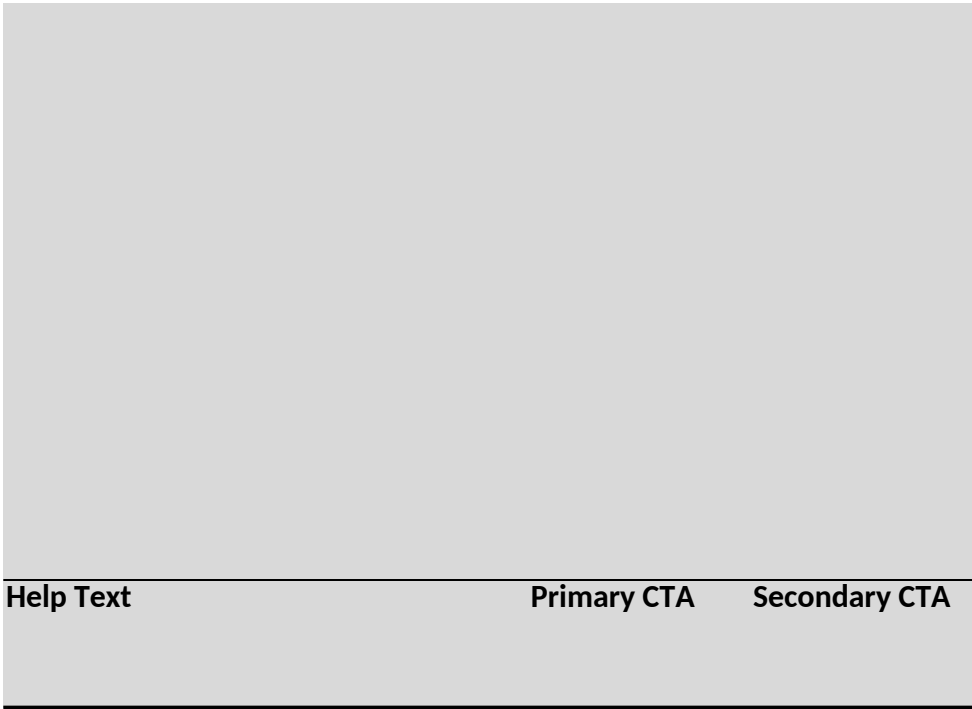
Here are the steps in the payment and submission process:

1. Provide your billing information on Pay.gov
2. Provide your information for one of two billing options: credit card or U.S. bank account
3. Submit your payment

When you have paid your fee, your application will be submitted.

Pay.gov will redirect you to an application confirmation screen. You can track the status of your application through your USCIS online account.

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**Help Text**

**Primary CTA**

**Secondary CTA**

Review my application

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Next

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Read the Penalties section of the Form I-539 Instructions before completing this section.

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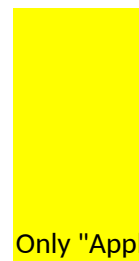
---

**NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.**

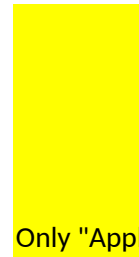
---

Pay and submit





Only "Applicant's Decl



Only "Applicant's Decl

laration and Certification" should be in bold

laration and Certification" should be in bold

## I-539 FORM COPY: WARNINGS, ALER

Copy in gray boxes is approved copy from the N6

Warning: Appears in yellow box; indicates potential error

Notice: Appears in blue box; indicates potential exemption

Number	Type	Logic
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1	Yellow alert	This alert will show up during Beta - Beta 2.1
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1.1	Yellow alert	This alert will show up during Beta 4.
-----	--------------	--

1.1	Yellow alert	This alert will show up during Beta 5.
-----	--------------	--

2	Yellow alert	This alert will show up during Beta - Beta 2.1
---	--------------	--

3 Red alert      This alert will show up during Beta - Beta 3. This will go away with Beta 4.

4 Red alert      This alert will show up during Beta - Beta 4. This will go away with Beta 5.

5 Red alert      This will show up if I-94 is not uploaded

6 Yellow alert    Will show up if the user has not answered question about having Public Benefits

7 Yellow alert    Will show up on Public Benefits Additional Information page



## TS, NOTICES, AND ERRORS

### 00 and should not be edited

priority issue or follow-up step; user can submit application  
tions or other useful information: user can submit application

### Message

#### **h3. You can file an individual extension request online only for certain statuses**

At this time, you cannot file online if you:

- \* Need to extend your status and your nonimmigrant status is not listed above,
- \* Want to reinstate or change your nonimmigrant status, or
- \* Have additional applicants.
- \* Have an A, G, NATO, V, T or U nonimmigrant status
- \* Require a lawyer or accredited representative

You will need to file a paper [Form I-539](#).

#### **h3. You can file an individual extension request online only for certain statuses**

At this time, you cannot file online if you:

- \* Need to extend your status and your nonimmigrant status is not listed above,
- \* Have additional applicants.
- \* Have an A, G, NATO, V, T or U nonimmigrant status
- \* Require a lawyer or accredited representative

You will need to file a paper [Form I-539](#).

#### **h3. You can file an individual extension request online only for certain statuses**

At this time, you cannot file online if you:

- \* Need to extend your status and your nonimmigrant status is not listed above,
- \* Have additional applicants.
- \* Have an A, G, NATO, V, T or U nonimmigrant status

You will need to file a paper [Form I-539](#).

#### **h3. You can file your extension request online only for certain statuses.**

You can complete this online form if your current nonimmigrant status is listed above and you are requesting an extension of status. You should submit the paper [Form I-539](#) if your current nonimmigrant status is not listed above or you want to change or reinstate your nonimmigrant status.

### **h3. Online filing is available only for extension of status requests.**

You can complete this online form only if you are requesting an extension of your nonimmigrant status. You should file a paper [Form I-539](#) if you want to change or reinstate your nonimmigrant status.

### **h3. You can file Form I-539 online only for yourself and no other applicants at this time.**

You can complete the online version of Form I-539 if you are requesting an extension for only yourself. If you want to include co-applicants, you must file the paper [Form I-539](#).

### **h3. You must upload an image or copy of your Nonimmigrant Arrival/Departure Record (I-94).**

You cannot submit your application until you upload an image or copy of your I-94.

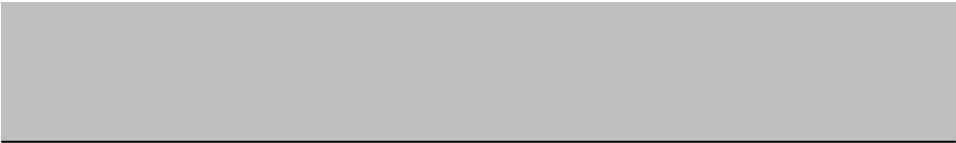
### **h3. There are new question in the form**

On October 15, 2019, the Public Benefits section was added to the I-539. If you started your I-539 before October 15, 2019, you may not have seen this section. You should fill out the Public Benefits section before submitting your form.

CTA button link: "Go to Public Benefits section"

### **h3. There is evidence that you should upload for public benefits**

Click on Next to go to the Evidence section.

  
**Where the alert exists**

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<https://qa-my.uscis.dhs.gov/apply/application-to-extend-change-nonimmigrant-status/overview>

<https://qa-my.uscis.dhs.gov/apply/application-to-extend-change-nonimmigrant-status/overview>

<https://qa-my.uscis.dhs.gov/apply/application-to-extend-change-nonimmigrant-status/overview>

<https://qa-my.uscis.dhs.gov/apply/application-to-extend-change-nonimmigrant-status/2497/basis-for-eligibility>

<https://qa-my.uscis.dhs.gov/apply/application-to-extend-change-nonimmigrant-status/2497/reason-for-request>

<https://qa-my.uscis.dhs.gov/apply/application-to-extend-change-nonimmigrant-status/2497/additional-applicants>

<https://qa-my.uscis.dhs.gov/apply/application-to-extend-change-nonimmigrant-status/4870/required-evidence>

<https://qa-my.uscis.dhs.gov/apply/application-to-extend-change-nonimmigrant-status/4870/review-your-application>

<https://qa-my.uscis.dhs.gov/apply/application-to-extend-change-nonimmigrant-status/4870/public-benefits-additional-information>



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Link goes to: <https://www.uscis.gov/i-539>

Link goes to: <https://www.uscis.gov/i-539>

Link goes to: <https://www.uscis.gov/i-539>

Link goes to: <https://www.uscis.gov/i-539>

Link goes to: <https://www.uscis.gov/i-539>

Link goes to: <https://www.uscis.gov/i-539>

Link goes to:  
<https://qa-my.uscis.dhs.gov/apply/application-to-extend-change-nonimmigrant-status/4870/public-benefits-information>

**Heading**

Before you start your application

**Sub-Heading**

Eligibility

**Body Text**

**EXEMPTIONS:** The following are exempted from the public benefits listed above.



## Accordion Header

Public benefits received by U.S. Armed Forces;

Federal-funded Medicaid;

Children who will naturalize under INA 322;

Public benefits received while in an immigration category exempt from public charge;

**^Which immigration categories are exempt from public charge?** Is this A, G, NATO, etc... It is not specified in USCIS public rule, but addressed in the I-539 instructions.

I would remove this.



## Accordion Body

An alien enlisted in the U.S. Armed Forces, serving in active duty or in the Ready Reserve component of the U.S. Armed forces; or the

1. Receipt by a child under 21 years of age;

2. The receipt of Medicaid payment(s) for

Medicaid for services provided under the Individuals with Disabilities Education Act (IDEA);

4. The receipt of Medicaid for school-based benefits for children

state or local law; or

after the last day of pregnancy.

Child currently residing abroad who entered the United States with a nonimmigrant visa to attend N-600K, Application for Citizenship

Received public benefits while in a category that is exempt from public charge; or received public benefits while in a category had received